

Application for:

# Aboveground Storage Tank Insurance Fund

Maine Department of Public Safety  
**State Fire Marshal's Office**  
52 State House Station  
Augusta, Maine 04333-0052  
(207) 626-3890 (phn)  
(207) 287-6251 (fax)

DEP SPILL NUMBER \_\_\_\_\_

Form Provided By: \_\_\_\_\_

DEP Responder Fire Marshal's Office

Date Application was Received: \_\_\_\_\_

Additional Information Requested: \_\_\_\_\_

Additional Information Received: \_\_\_\_\_

Action: **Approved** **Denied**

Deductible: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant must sign this form in the Applicant's Signature box before this claim can be considered for coverage by the fund. Complete this form based on conditions and information at the time of the spill. On this form, the term "Spill" includes, but is not limited to spills, leaks, discharges, and releases of product. On this form, "DEP" means Maine Department of Environmental Protection. Use additional sheets of paper, as necessary, to provide specific details and information needed to answer questions.

## OWNER

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Initial: _____	Last Name: _____	
Mailing Address: _____			
City: _____	State: _____	Zip Code: _____	Telephone: _____ ( ) -
Total Aboveground Storage Capacity Owned: _____			Gallons
<b>(This Application CANNOT be processed without this figure; It is the basis for the Standard Deductible.)</b> (Include all aboveground storage capacity at the facility where the spill occurred, AND all other aboveground storage capacity at all other properties within the State of Maine owned by the owner at the time of the spill.)			
<input type="checkbox"/> YES <input type="checkbox"/> NO Has the owner applied for or been covered for any other spills? (If "YES", list the Location, Date, DEP Spill Number, and Amount Requested or Covered for each other request)			

## FACILITY WHERE SPILL OCCURRED

Name (If Any): _____		
Physical Address (Number & Street): _____		
City: _____	County: _____	Telephone: _____ ( ) -
Contact Person: _____		Telephone: _____ ( ) -
Type of Facility: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Other (Specify) _____		